Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 11 December 2018

Committee Room 5

Present:

Gwen Harrison	Morag McCrone
Heather Ann Baxter	Margaret Doyle
Isobel Miller	Rhona O'Neill
Bob McQueen	David Robertson
Jeff Foot	Duncan Stang
Anna Barnett	Conn O'Neil
Vicky Alexander	Shelia Waddell
Brian Kennon	Muriel Moodie
Ian Sloan	Eric Moodie
Sue Hampson	Craig Cameron
May Millward	Heather Rankine
Billie Wealleans	Rupert Pigot
Marylin Boland	Angela Mitchell
Carolyn Oxenham	Mhairi Macdonad
Amanda Grant	Wendy Watson
David Eadie	Jenny Hyne
Emma Lockhart	Lorna Frew
Shelia Reith	Sunita Wallia
Derek Beatty	Amanda Grant
Emma Harper MSP	David Stewart MSP

1. Welcome

Emma Harper MSP (EH) opened the meeting and welcomed the group and speakers.

Apologies: Andrew Job, Olive Heatherly, Jane Hamilton, Prof Johnny McKnight, Michael

2. Minutes of last meeting:

Rupert Pigot (RP) proposed the minutes from 18 September for approval. Brian Kennon (BK approved.

3. Presentation:

EH introduced Dr Wendy Watson (WW), Consultant Diabetologist, NHS Grampian and Chair of Scottish Diabetes Education Advisory Group and Jenny Hynes Programme Lead for Structured Education for people with Type 2 Diabetes, NHS Forth Valley.

The presentation will be attached with these minutes.

4. Discussion

Ian Sloan (IS) asked about plans for access to education for all people living with diabetes – there are nearly 300, 000. This is too much and would it not be better for Scottish Government to fund a body to administer this task?

WW agreed with the need to be ambitions and to promote self-management. The issue at hand is about giving people the skills for effective self-management and access to appropriate education when they need it.

Anna Barnett (AB) asked about using YouTube or anything like that?

JH referenced No Delays by NHS Grampian and in addition Diabetes UK also has podcasts with the Cardiff University. However it is very expensive to produce this type of content.

WW added that we should look at this at a national level.

Eric Moodie asked how to attract the interaction of the young people?

WW agreed that it was a challenge to involve young people.

Lorna Frew pointed out that there have always been financial challenge. Has there been any work done on getting Health Boards to work together to meet specific group needs?

WW gave the example of the video consultations that take place between Aberdeen and the Shetlands Islands and discussed their aims and objectives. Subsequently the patients flew down for face to face meetings. We need to embrace things that work.

EH asked what is the commitment that people have to make for education?

JH responded that it depends on what you undertake. For instance X-pert is four consecutive weeks for 2 hours per week. It could be delivered in, for example, Tesco or Morrison's. We have had really good input on where people go.

Mhairi MacDonald (MMac) highlighted the Learning Zone on the Diabetes UK website.

Brian Kennon (BK) commented that Scottish Government and Scottish Diabetes Group are very supportive of education and are looking at bringing the suite of

options that are available together, there is a desire to take this forward. Personally, he believes that it is a confused landscape and we need to get people to understand what it means. For instance oncologists would not say “would you like to come along for some radiotherapy?” Education is important and we must articulate that at different points we should have different offerings, we need to change the rhetoric.

EH asked if there was a stigma around the side of saying that you are overweight and you might die as a result of this?

BK took the oncology analogy further for diabetes there are too many offerings over primary and secondary care, we need to get the house in order and simplify it.

JH added that there is a stigma, we as health care professionals must have more training in how to deal with this, not in a blunt negative way but in how to explain it better.

Sue Hampson (SH) The language of diabetes is off putting and it contradicts empowerment. There are a lot of medical words that can be off putting.

WW agreed and that we need to learn from our patients, we don’t want to put people off.

EH asked about good practice, specifically in Kirkcudbright where people are receiving training. The nudge effect is appropriate and gets the right conversation off to the right start.

JH agreed and that is about showcasing education and the benefits. It is a facilitation, she has worked with 40 people and 9 are now in remission. We don’t report that, they’ve each lost around two stone and have done that themselves.

Angela Mitchell (AM) asked about ring fencing of budgets?

WW replied that she did not have the answer and added that when we speak about cost it is often about time cost. Education is the easy thing to pull be we must have time and resource directed at it.

Jeff Foot (JF) responded that as resources are tight he had heard about people with diabetes are helping. Can we make use of people living with diabetes in evidence of what works?

EH mentioned remission and the news that Labour deputy leader, Tom Watson had lost seven stone and put his Type 2 diabetes into remission and should we be using remission more?

Ruth Chapman (RC) asked if there is a role for a mentorship/buddy type role?

WW answered that there have been buddy schemes in Grampian, we do need to use these as examples.

EH added that there is a buddy scheme in Moffat GP surgery to encourage each member to lose weight.

BK agreed that there were pockets of good practice. JH is correct, we have SCi Diabetes, we must speak in a common language with common goals.

Viki Kitson highlighted that the Glasgow Family Group has a drop in session in the supermarket. Can we see more education in Schools?

EH mentioned the “Curriculum for Excellence” and making this a part.

Rupert Pigot (RP) asked about insulin pumps and using this as a method to get more people on education courses.

JH agreed that it must be part of the pathway.

Duncan Stang (DSt) referenced cancer treatment, there is a 17 per cent of dying of breast cancer in five years. There is a 80 per cent of dying in five years following an amputation as a result of diabetes. Healthcare professional’s role is dealing with the whole body and we are not getting the message across as strongly as we should be. Is it as strong a message as it should be?

Isobel Miller (IM) continued with the breast cancer analogy; if you have breast cancer, please bring someone with you. If you go along with a high HbA1c, you do not get the seriousness and can we introduce this at the point of diagnosis, the seriousness of the condition?

WW urged tempering this.

May Millward (MM) agreed about trying new venues and that supermarkets were a convenient way to reach people that we don’t normally contact. The term structured education is problematic and doesn’t show the two discreet parts. Education is part about helping people self-manage their condition. The second is the psychological support to help sustainability.

DB highlighted that he is looking at getting a mobile clinic on the road and that this can help create awareness. It is aimed at people who struggle to attend their appointments.

BK pointed out that data is driven by SCi-Diabetes and this may mean that primary care may not be recoding and capturing the data, we need a national education programme.

EH asked whether when people with diabetes go to the opticians for their retinal screening they can be tested for other problems?

WW replied that it is about the recording and enabling that.

EH knows that getting systems to talk to one and other is a problem that has been brought up with the Health and Sport Committee.

Jeff Foot (JF) asked if all the different systems with primary and secondary care are providing problems can there be a national plan? For instance could Scottish Government require the use of SCi-Diabetes?

BK answered that EMIS and Vision might not capture the data because of coding. There are connections between primary and secondary care, however it is most important that the data is captured. The National Digital Plan will try and bring this connectivity about.

EH added that this is part of the Health and Social Care integration.

SH asked to go back to podiatry. She was diagnosed almost 50 years ago and kept in hospital for a month. All the books concerning diabetes had the foot pages ripped out, this kept her very afraid and ensured that she looked after her diabetes.

Shelia Waddell (SW) has been Type 1 for 32 years and used to teach and support people with diabetes. She called for more to be taught in home economics about healthy eating. In teaching children it can have the added benefit in getting them to get their parents to eat healthier.

Lorna Frew (LF) spoke as a teacher in a primary school and asked what is being done to protect Type 1 diabetes children in schools?

JH commented that education had been in the past included in general health.

LF agreed that there was work with Primary 6&7s

Shelia Minty talked about raising awareness and highlighting complications. Type 1 diabetes is a disease you cannot put into remission and is something you have to deal with for the rest of your life.

JH said for people with Type 2 diabetes, helping to motivate then remission and education are vital.

DSt highlighted that two years ago when they updated the traffic light system for podiatry, we say it is in remission and not healed. When we hear about dramatic weight loss and you've cured your diabetes it is not the case, it is in remission.

EH thanked everyone for their contributions and also mentioned that the secretariat was looking for input into the areas to be examined over 2019.